

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
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12						
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14						
15						
16	①					
17		1				
18		1				
19		1				
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21						
22				1		
23				1		
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25				1		
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41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS			18			

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						